

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3500

1 PLACE OF DEATH

County Saline
Township Grand Pass
or
Village
or
City

Registration District No. 795
Primary Registration District No. 6038

File No.
Registered No. 4

(NO. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Key, Kirk Denton Hicks

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)
6 DATE OF BIRTH February 29, 1844
(Month) (Day) (Year)
7 AGE 80 yrs. 10 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE
(City or town, State or foreign country) Lantern Co. Missouri

10 NAME OF FATHER Ludley Hicks
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri
12 MAIDEN NAME OF MOTHER Millie
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Young
(Address) Matta Bend

15

Filed Jan 15, 1923 J. D. Cole
Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 14, 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 15, 1922 to Jan 14, 1923
that I last saw him alive on Jan 14, 1923
and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Enteritis
(Duration) 14 yrs. 10 mos. 15 ds.

CONTRIBUTORY Senile Debility
(Secondary) (Duration) 3 yrs. — mos. — ds.

(Signed) E. H. Coan M. D.
Jan 15, 1923 (Address) Grand Pass, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Grand Pass, Mo. DATE OF BURIAL Jan 16, 1923

20 UNDERTAKER Clayton Landon ADDRESS Waverly, Mo.

Revised United States Standard Certificate of Death

[U. S. Census and American Public Health
Association.]

of occupation.—Precise statement of every important, so that the relative various pursuits can be known. The to each and every person, irrespective of his occupations a single word or term will be sufficient, e. g., *Farmer* or *an*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But especially in industrial employments, know (a) the kind of work and also the business or industry, and therefor a line is provided for the latter should be used only when needed. (b) *Spinner*, (b) *Cotton mill*; (a) *Sales-*; (a) *Foreman*, (b) *Automobile factory*. Worked on may form part of the second for return "Laborer," "Foreman," "Dealer," etc., without more precise. *Day laborer*, *Farm laborer*, *Laborer*—

Women at home, who are engaged in the household only (not paid *House-* live a definite salary), may be entered *Housework*, or *At home*, and children, employed, as *At school* or *At home*. taken to report specifically the occu- bns engaged in domestic service for *ant*, *Cook*, *Housemaid*, etc. If the been changed or given up on account CAUSING DEATH, state occupation at ness. If retired from business, that dicated thus: *Farmer (retired, 6 yrs.)* who have no occupation whatever,

of cause of death.—Name, first, USING DEATH (the primary affection time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-* pneumonia ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)